



CITY OF HAM LAKE

15544 Central Ave NE

Ham Lake, MN 55304

763-235-1691

bldgdept@hamlakemn.gov

Date: _____

Property Owner Name: _____

Property Address: _____

Check one of the following:

3 Year Maintenance Assessment

OR

Septic Pumping Record

TANK ASSESSMENT

Yes No

Scum 3" or less from outlet baffle		
Sludge 12" or less from outlet baffle		
Is total sludge and scum volume greater than 25% of tanks liquid capacity		

****If you answered yes to any of the above, the tank needs to be pumped****

What type of measurement device was used? _____

Tank Leak Assessment Liquid: Below Normal Normal Above Normal

Condition of Baffles: Good Needs Replacement

If tank assessment was completed by homeowner, homeowner must sign:

Signature: _____ Phone: _____

PUMPING INFORMATION:

How many gallons of septage were removed?

Tank #1 _____ Tank #2 _____ Pretreatment Tank: _____ Pump Tank: _____

Comments: _____

*Note: All sludge and liquids must be removed by pumping through the 24" maintenance hole. Removal from any location other than the 24" maintenance hole is not a compliant method of removal per MN Rules 7080.2450

PUMPING CONTRACTOR INFORMATION:

Company _____ MPCA # _____

Phone: _____ Email: _____

-THIS IS NOT A COMPLIANCE INSPECTION-